

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM

Program Evaluation Survey

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

1. Key Research Contacts:

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2. Program Name:

Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

Response: PALS Program (Providing Assistance with Linkage to Services)

3. Research Design:

a. Check (✓) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental and quasi-experimental), you are using more than one research design and you will need to complete a separate copy of the survey for each design. Also, check the statements that describe the comparisons you will make as part of your research design.

Research Design (Check One)	
<input checked="" type="checkbox"/>	True experimental with random assignment to enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched historical group
<input type="checkbox"/>	Quasi-experimental interrupted time series design
<input type="checkbox"/>	Quasi-experimental regression-discontinuity design
<input type="checkbox"/>	Quasi-experimental cohort design
<input type="checkbox"/>	Other (Specify)
Comparisons (Check all that apply)	
<input type="checkbox"/>	Post-Program, single comparison between enhanced treatment and treatment-as-usual groups
<input checked="" type="checkbox"/>	Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input checked="" type="checkbox"/>	Pre-Post assessment with repeated pre and post program comparisons between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Other (Specify)

- b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

Response: NA

4. Target Population:

Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

Response: *The eligible target population for the PALS program and the treatment as usual condition is as follows:*

Seriously mentally ill offenders with a psychiatric diagnosis that meets the medical necessity criteria for the State of California Medi-Cal Specialty Mental Health Services who may also have co-existing substance abuse disorders, who have been identified as being eligible for release to the community. This will exclude the following categories of individuals:

Individuals being transported to 24-hour care

Individuals being released to state prison

Individuals with out-of-count warrants

Individuals on temporary conservatorship

Individuals with outstanding warrants over \$5000 that will result in their reincarceration

Individuals referred to the Intensive Alternatives Program that provides intensive case management, residential and day treatment services

In addition, any mentally ill offender unable or unwilling to provide informed consent due to any organic brain syndrome, active psychotic condition, developmental disability or other intellectual limitation that prevents them from fully understanding the consequences of participating in the study would be excluded.

Potential participants receive a medical screen by a nurse and mental health crisis assessment by licensed mental health personnel with Adult Custody Mental Health. The mental health screen assesses criminal history, medical history, psychiatric history, substance abuse history, mental status, and provides a DSM-IV diagnosis when appropriate. Those designated as seriously mentally ill who are judged appropriate for release are the population targeted for the intervention.

4. Enhanced Treatment Group:

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.

Response: *All individuals who meet the criteria based on the mental health assessment instrument (outlined above) will be eligible for inclusion into the program. All offenders referred for a crisis mental health assessment while in custody who meet the criteria for serious mental illness who are eligible for release to the community as described above.*

- b. Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in

detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.

Response: Potential participants will be treated as pairs with one member of each pair being randomly assigned to the enhanced treatment condition and the other assigned to the treatment as usual group. If the flow of participants is too great to be accommodated into the enhanced treatment condition, assignment to conditions will be interrupted until there is space available. Individuals released during the interim will not be treated as study participants in the treatment as usual condition.

6. Treatment-as-Usual (Comparison) Group:

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the treatment-as-usual group will be chosen.

Response: Same as above.

- b. Indicate exactly how the treatment-as-usual group will be formed. For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

Response: Same as above

7. Historical Comparison Group Designs (only):

If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

Response: Not applicable

8. Sample Size:

This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program yet not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the evaluation component). Using the table below, indicate the number of individuals that you anticipate will complete the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)		
Program Year	Treatment Group	Comparison Group
First Year	50	50
Second Year	100	100
Third Year	50	50
Total	200	200

Unit of Analysis (Check one)	
<input checked="" type="checkbox"/> v	Individual Offender
<input type="checkbox"/>	Geographic Area
<input type="checkbox"/>	Other:

9. Enhanced Treatment Group Interventions:

Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Response: The treatment for the enhanced group is articulated in Table 1. (see below).

TABLE I: Santa Clara County MIOCR Treatment and Comparison Programs		
Program Type:	Treatment as Usual (Treatment as Usual Comparison Group)	PALS Program Providing Assistance in Linkage to Services (Treatment Group)
Program Summary:	<p>Offenders identified as mentally ill receive screening, assessment, treatment and discharge planning services while in custody.</p> <p>Upon release there are no formal mechanisms to support the offenders linkage to ongoing community and treatment services.</p>	<p>Offenders identified as mentally ill receive screening, assessment, treatment and discharge planning services while in custody.</p> <p>Upon release, for a period of 60 days, mentally ill offenders receive direct assistance and support in linkage to community services by a team of licensed mental health staff and peer counselors including transportation and short term clinical interventions to support appropriate planning and decision-making.</p>
1. Medication Support	Adult Custody staff provides required mental health treatment while mentally ill offender is in custody including psychotropic medications as appropriate. Upon release, mentally ill offender must pick up prescription for psychotropic medication at the Valley Medical Center pharmacy.	Adult Custody staff provides required mental health treatment while mentally ill offender is in custody including psychotropic medications as appropriate. Upon release, mentally ill offender is transported and accompanied to pick up prescription for psychotropic medication at the Valley Medical Center pharmacy.
2. Mental Health Services	<p>Adult Custody staff provide pre-discharge treatment planning, develop a plan with mentally ill offenders, identify mental health service teams and mental health case managers (if client is returning to mental health system) and set up required mental health appointments.</p> <p>Upon release, mentally ill offender is</p>	<p>Adult Custody staff provides pre-discharge treatment planning, develops a plan with mentally ill offenders and set up required mental health appointments. Upon release, members of a case management team of licensed mental health staff and peer counselors accompany the client to the initial mental appointment and to at least one additional follow-up</p>

		expected to follow-up on required appointments without additional support.	appointment. Staff then provides reminders on follow-up appointments.
	3. Substance Abuse Treatment Services	<p>Adult Custody staff provides pre-discharge treatment planning, develop a plan with mentally ill offenders and identify substance abuse treatment resources.</p> <p>Upon release, mentally ill offender is expected to follow-up on required appointments without additional support.</p>	<p>Adult Custody staff provides pre-discharge treatment planning, develop a plan with mentally ill offenders and identify substance abuse treatment resources. Upon release, members of a case management team of licensed mental health staff and peer counselors accompany the client to the initial meetings and identify sponsors through the “Bridging the Gap Program” with a goal of linking clients with treatment services. Staff then track client to assure continued linkage to services over a 60-day period.</p>
	4. Housing Assistance	<p>Adult Custody staff provides pre-discharge treatment planning, develops a plan with mentally ill offenders including addressing housing needs.</p> <p>Upon release, no formal programmatic assistance is provided to assist mentally ill offender in obtaining housing.</p>	<p>Adult Custody staff provides pre-discharge treatment planning, develops a plan with mentally ill offenders including addressing housing needs.</p> <p>Upon release PALS staff provides housing assistance and assist clients in finding suitable shelter by identifying appropriate community resources and providing transportation and support.</p>
	5. Follow-up on Court Dates and Probation Officer Visits	<p>Adult Custody staff provide pre-discharge treatment planning, develop a plan with mentally ill offenders including addressing court supervision requirements including follow-up visits with probation officer and required court appearances.</p> <p>Upon release, mentally ill offenders are expected to follow through and attend probation officer visits and court mandated appointments without additional supervision.</p>	<p>Adult Custody staff provide pre-discharge treatment planning, develop a plan with mentally ill offenders including addressing court supervision requirements including follow-up visits with probation officer and required court appearances.</p> <p>Upon release, PALS program staff provide hands on support for attending all required court dates and probation officer appointments court supervision including transportation, appointment reminders, etc.</p>

7. Peer Counseling Component	<p>Adult Custody staff provides pre-discharge treatment planning, develops a plan with mentally ill offenders including addressing community reintegration.</p> <p>Upon release, no formal peer counseling support is available.</p>	<p>Adult Custody staff provides pre-discharge treatment planning, develops a plan with mentally ill offenders including addressing community reintegration.</p> <p>Upon release PALS provides peer counselors/mentors who receive paid stipends. Peer counseling coordinator and peer counselors assist client in linkage to services and community reintegration. This develops non-criminal justice/treatment networks that are important after the formal supervision period ceases.</p>
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9. Treatment-as-Usual Group Interventions:

Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Response: The treatment for the treatment-as-usual group is articulated in Table 1. (see above).

10. Treatments and Outcomes (Effects):

Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table below your hypothesized treatment effects (i.e., your dependent variables), their operationalization, and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent Variables (treatment)	Dependent Variables (hypothesized outcomes)	Operationalization of Dependent Variables	Method of Measuring Dependent Variable	Hypothesized Relationship Between Ind & Dep Variables (+ or -)
PALS vs. TAU	More psychiatric treatment for PALS group	More visits to medication management	County records	+
PALS vs. TAU	More mental health treatment for PALS group	More visits to county mental health provider	County records	+
PALS vs. TAU	More drug and alcohol treatment for PALS group.	More drug and alcohol treatment visits.	County records	+
PALS vs. TAU	More resources for PALS group	Obtaining SSI and other entitlements	County records	+
PALS vs. TAU	More compliance for PALS group	More meetings with probation officer	County records	+
PALS vs. TAU	More compliance for PALS group	More meeting of court dates	County records	+
PALS vs. TAU	Better self-	Fewer arrests	County records	-

	management			
PALS vs. TAU	Better self-management	Fewer convictions	County records	-
PALS vs. TAU	Better self-management	Fewer days spent in jail	County records	-
PALS vs. TAU	Lower costs to county	Costs for arrests, jail days, and court procedures	County records	-

12. Statistical Analyses:

Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table. **NOTE: Statistical hypotheses are formally stated in terms of no difference. Evidence must be provided to reject the hypothesis. This is not to be interpreted as a reflection on the likely outcomes of the PALS intervention.**

Statements of Hypotheses	Statistical Test(s)
1. PALS = TAU for visits to medication management	Independent Groups t-test
2. PALS = TAU for visits to mental health providers	Independent Groups t-test
3. PALS = TAU for visits to drug and alcohol treatment	Independent Groups t-test
4. PALS = TAU for SSI and other entitlements	Independent Groups t-test
5. PALS = TAU for visits to probation officer	Independent Groups t-test
6. PALS = TAU for going to court dates	Independent Groups t-test
7. PALS = TAU for number of arrests	Independent Groups t-test
8. PALS = TAU for number of convictions	Independent Groups t-test
9. PALS = TAU for number of days in jail	Independent Groups t-test
10. PALS = TAU for costs to county	Independent Groups t-test

13. Cost/Benefit Analysis:

Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

Cost/Benefit Analysis			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

14. Process Evaluation:

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

Response: Monitor all scheduled MIO releases and examine whether all eligible inmates are systematically offered study participation. Modify procedures if the inclusion is not systematic. Research staff will randomly monitor jail entrants and track them through the inmate intake process and independently confirm which inmates meet inclusion/exclusion criteria. They will make note of and correct each case of an eligible inmate who is not offered study participation.

Check on randomization by regularly examining actual assignments for imbalances. Sample will be stratified by gender and race. Research staff will monitor the accumulation of participants per stratification group. Should an imbalance occur, research staff will review randomization procedures to examine potential threats to randomization. After participants have been accumulated for 6 months, statistical tests of association will be conducted to assess extent of bias, should there be any.

Monitor the referral to TAU and PALS of those randomly assigned to them. Monitor movement of each participant from random assignment to program entry. This will be accomplished by creating process forms that program staff will need to complete on each new program entrant.

Examine whether all treatment provided is documented so that amount and type of services provided to participants will be accurate and accessible for outcome assessments. These data will be obtained from case manager reports including treatment records and progress note as well as from data obtained from the mental health and criminal justice systems.

15. Program Completion:

What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

Response: The PALS group will be provided with treatment for 2 months from their date of release.

16. Participant Losses:

For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

Response: Participants will be terminated from the program if they leave the area or are unreachable for a period of 1 month. They will also be terminated if they threaten the safety of the linkage staff. Whenever possible we will continue to track the dependent variables for these individuals. Their places in the program will be reassigned to the next eligible participants. We will track the outcome measures for 6 months after the participants are released from jail.